



AGENT SETUP

Purchasing - 3059

Reporting Levels

Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____
Level 5 _____ Level 6 _____ Level 7 _____

Agent Setup Information

Cycle Date __ __

Agency/Organization Name _____
(max. 40 char.)

Address Line 1 _____
(max. 40 char.)

Address Line 2 _____
(Optional) (max. 40 char.)

City _____ State __ Zip _____ - _____
(max. 15 char.) (max. 9 char.)

Form Submitted by:

Signature _____ Print Name _____
Phone _____ Fax _____ Date Submitted _____

FAX REQUEST TO 612-973-3791 or 1-800-974-0777

OR
MAIL REQUEST TO:
U.S. BANK GOVERNMENT SERVICES
200 SOUTH SIXTH STREET – EP-MN-L28C, MINNEAPOLIS, MN 55402